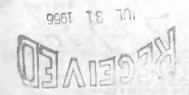
du	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 7() 24 7048 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
	7. PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution Residence before admission) o. COUNTY D. COUN
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	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH WIDOWED DIVORCED
dug 7	100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FABRER'S NAME
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0	(Yes, ao, or unknown) (If yes, give wer or dates of service)
between	18. CAUSE OF DEATH (Enfor only one couse per line for (o), (b), and (c).
	Canditions, if any, which by Anti-
	(a), stoling the underlying DUE TO cause last. (c)
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(D) 19. WAS AUTOPSY PERFORMER? YES NO
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	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City) frown) (State) Hour P.m. / 2 / 1955 at work at work at work
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find the death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
. 2	ACTUAL SIGNATURE A. C. LA CALLET MEDICAL EXAMINER [] DATE SIGNED
MEKA Emava	EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
ō	220. SURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) PUT 1 21
E(5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE T.F. Costello 1722 North Capitol, Wash, D. C. Date 2 2 1954 Clice Corp

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9-25-56 Paterent P.E. Sewell Prifred, Ind

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d. LOCATION (City, town, or Founty)

24a, REC'D BY REGISTRAR

DATE

-16-56

24b. REGISTRAR'S SIGNATURE

W. Ward

(Stote)

Plan Plan

SIGNATURE

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 225, DATE THEREOF

death.

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055 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ä Reg. Dist. No. -> cremation necessary, please e tar. Page 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution! Regidence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CTY OR JOWN (If outside corporate limits write SURAL c. LENGTH OF STAY IN 16 c. CUY OR TOWN (If aylfide corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RES DENCE ONTA FARM? .22 1767 delay registror NAME OF First Middle DATE Day Manth Year DECEASED OF (Type or print) DEATH 19 4 4-5. SEX 6. COLOR OF RACE THE MARRIED NEVER MARRIED 8. DATE OF BIRTH! 9. AGE the years IF UNDER TYPAR IF UNDER 24 HRS Months Doys Hours WIDOWED T DIVORCED Yrs. 10o. USUAN ECUPATION (Gife kind of fork dane) 10b. KIND OF BUSINESS OR INDUST. during good of working life even if faired) 11. BUTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? ond REMOD 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME 24 haurs Pages 1. Page 5 mc Fife pages WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. Address executed with. 18. CAUSE OF DEATH Enter only one cause per liperer (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which burial gove rise to immediate cause DUE TO (a), stating the underlying couse fast. pending" in iner's Office of be used as a PARTAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19. WAS AUTOPS) 8 PERFORMED? 0 CERTIFICA 20g. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING DEATH. 205. DESCRIBE HOW N. URY OCCUBRED. (Enter nature of injury) Part I or Port II of item 18) ward | | Exomi MEDICA 20d. INJURY OCCURRED - 20e. PLACETOF INJURY (Home, form, 20c. THAE OF INJURY Month, Dov. Year (City or lay (County) (Stote) Moste, writing the water the Chief Medical 1 y, street, office bldg., etc.) While وروا Not while of work of work 21. Lettify that I taak charge of the remains described abave, held an Autaos inspec ian Inquiry and find that death resulted fram: Natural causes Accident V. Suicide Undefermined cause Hamicide DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER 00 SIGNATURE ASSISTANT MEDICAL EXAMINER 2 4 EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER IT 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State) KEMOVAL (Specify) 0 3 23. FUNERAL DIRECTOR'S SIGNATURE ADDEESS 24g, REC'D BY REGISTRAR 24b / REGISTRAR'S SIGNATURE VS. A15ME(5) DATE 5M 9/55

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5 5 5 P		27	Burial, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY Barslow - Calcut Co- md.
VS. A15ME(5) 5M 9/55	.0	23	B. O. Hackness & Confuse ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE 7-16-56 H. W. Ward
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